

Request for Conference Leave

Name: _____
(Print)

of Conference Days
attended this School Year: _____

Assignment: _____

School: _____

Number of Days Requested: _____ Starting Date: _____ Ending Date: _____

Conference Sponsor _____ Are You a Member? _____

Reason for Request: _____ * Registration: Cost: _____

_____ Mileage: _____

_____ Meals: _____

_____ Other: _____

Indicate if Substitute is Needed: _____ Total Cost to the District: _____

I am willing to share my conference experience in the following manner:

- Provide an In-service Workshop Work on Curriculum Revision Write New Curriculum
- Share at a Faculty Meeting Develop a Position Paper Work on District Policy
- Write a Grant Other: _____

Employee Signature: _____ Date: _____

DEPT. HEAD / CURRICULUM
LEADER Recommendation:

Recommend Approval: _____

Recommend Denial: _____

(Signature)

Building Principal's Recommendation:

Recommend Approval: _____

Recommend Denial: _____

(Principal's Signature)

Determination of Personnel Office:

Approved: _____

Denied: _____

(Administrator's Signature)

Comment

_____ Please register me. I
have filled out and attached
my registration form.
_____ I will register myself.
(if applicable, please email
the purchase order # to me.)